

# Should COVID-19 vaccination status be used when rationing scarce medical resources?

October 8 2021

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Andrew Peterson is an assistant professor of bioethics in the Department of Philosophy. Credit: George Mason University

George Mason University's Andrew Peterson says that rationing medical care depending on vaccination status is ethically fraught, but it's under consideration in parts of America as the global COVID-19 pandemic continues to fill up hospitals and strain limited medical resources.

"It's brutal," Peterson said of possibly using vaccination status to decide which [patients](#) to admit to the ICU. "But it's equally brutal to tell a family of someone who's had a [heart attack](#) that their loved one can't be

admitted because ICUs are full with unvaccinated COVID-19 patients."

Peterson, an assistant professor of bioethics in the Department of Philosophy within the College of Humanities and Social Sciences, has worked on the ethics of medical resource rationing since the pandemic began. He has conducted [surveys](#) with Mason colleague Wesley Buckwalter, advocated for people with disabilities, and informed RAND Corps [guidance](#) on triage protocols.

"We've moved into a new phase of the pandemic—the vaccinated versus the unvaccinated—and ethical challenges are evolving."

Iowa recently became the first state to announce "crisis standards of care," where health care resources are rationed, with Alaska and Montana soon following with similar measures. More parts of the country could be in a similar situation with the winter flu season approaching and the delta variant continuing to spread. Among overwhelmed ICUs, the majority of hospitalizations have been people who are unvaccinated against COVID-19, despite shots being free, safe, and readily available throughout the country.

Caring for unvaccinated COVID-19 patients is taking its toll on the [medical field](#), Peterson said.

"It's pushing clinical staff beyond the breaking point," he said. "We've already hit the burnout stage. Now my clinical colleagues can only muster the word 'helplessness.' They're trying to help people who won't help themselves."

As a result of medical resource shortages, many patients who don't have COVID-19 but still need [critical care](#) are being turned away from hospitals.

Peterson cautioned against vaccination status determining who goes to the front of the line.

"Clinicians shouldn't be in the position of judging patients' behavior," he said. "They have a duty to care for patients irrespective of how they ended up in the hospital. We wouldn't turn car accident patients away because they weren't wearing a seatbelt, so why would that be OK with vaccination status? It's also hard to tell why people haven't received their shot. Is it because they can't access the shot? Or is it because they have anti-[vaccine](#) attitudes? Which reasons are good or bad?"

But even if vaccination status shouldn't play a role in deciding who gets an ICU bed, Peterson suggested that it still might be factored in some part of the calculus. If two patients have equal consideration for ICU admission, but only one is vaccinated, Peterson said vaccination status might be used as a "tie breaker." He also suggested that [vaccination status](#) might be used once patients are discharged from the hospital to gauge the cost of their ICU stay. Some companies have raised insurance premiums on unvaccinated employees.

"Financially rewarding people for getting the shot might be effective way increase vaccinations and keep people out of the ICU."

Provided by George Mason University

Citation: Should COVID-19 vaccination status be used when rationing scarce medical resources? (2021, October 8) retrieved 5 May 2024 from <https://medicalxpress.com/news/2021-10-covid-vaccination-status-rationing-scarce.html>

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